

2007 PERSONAL CARE SERVICES COST REPORT PROCESS SURVEY

Agency's Name: _____ Provider# _____

This Cost Report Survey is intended as a tool for DMA to receive feedback and enhance your experience with the Personal Care Service Cost Reporting process. Your input is very valuable to us and will be used to evaluate and improve our processes. After completing the 2007 Cost Report, please take a few minutes to fill this form out and offer us any comments you may have. Try to be as specific as possible with your responses. Please return this survey to Lynne Testa, by August 15, 2008. This form may also be accessed on the DMA's web site at <http://www.dhhs.state.nc.us/dma/costreport.htm>.

- Fax (919-715-2209)
- Email (Lynne.Testa@ncmail.net)
- Mail (NC Division of Medical Assistance, Finance Management/Rate Setting, Attention: Lynne Testa, 2501 Mail Service Center, Raleigh, NC 27699-2501).

Thank you in advance for taking the time to respond and for assisting us in further developing the PCS Cost Reporting Process.

TRAINING:

1. Did you attend a training session? If so, please indicate the location, date and proceed to question #2, otherwise skip to *Cost Report* section.

2. What did you find helpful about the Cost Report training you received (i.e. available session, length, location, presenter, etc.)?

3. What would you change about the Cost Report training you received?

4. How may we change or improve the Cost Report training procedure process next year?

COST REPORT- (Circle one used) *Paper or Excel Version:*

1. What did you like about the Cost Report application?

2. What things regarding the Cost Report application would you like to see changed or improved? Please give specific examples:

3. Did you encounter any problems while using the Cost Report application? If so, please explain?
4. Were the instructions regarding the Cost Report clear?
5. What improvements or changes would you like to see in the Cost Report Line Item Instructions?

COMMUNICATIONS AND SERVICE:

1. How would you rate the customer service you received from the Division of Medical Assistance staff throughout the entire Cost Reporting process? On a scale between 1 to 5 (1 being the lowest and 5 being the highest), please rate our customer service.
2. What suggestions would you make for improving our customer service during the Cost Reporting process?
3. What did you like regarding our website?
4. What improvements would you like to see added to our website (i.e. what additional information you would like to see)?
5. Any other comments which you would like to make regarding the Cost Reporting process.